

Michigan
Adult Treatment Protocols
ANAPHYLAXIS/ALLERGIC REACTION

Date:

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Anaphylaxis/Allergic Reaction

Draft

Pre-Medical Control

MFR*/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. In cases of severe allergic reaction, wheezing or hypotension, administer epinephrine via auto-injector.
 - A. May assist the patient in administration of their own epinephrine auto-injector, if available.

EMT/SPECIALIST

4. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.

SPECIALIST/PARAMEDIC

5. Administer a NS IV/IO fluid bolus up to 1 liter, wide open as indicated.

PARAMEDIC

6. If patient is symptomatic, administer diphenhydramine 50 mg IM or IV/IO.
7. In cases of severe allergic reaction, wheezing or hypotension:
 - A. Administer Epinephrine 1:1000, 0.3 mg (0.3 ml) IM OR via auto-injector.
8. Per MCA selection, administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
9. Per MCA Selection, administer Prednisone **OR** Methylprednisolone.

Medication Options:

Prednisone

50 mg tablet PO

YES NO

Methylprednisolone

125 mg IV

YES NO

Post-Medical Control:

EMT/SPECIALIST

1. Additional Epinephrine via auto-injector.

PARAMEDIC

2. Additional Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM; or Epinephrine 1:10,000 0.3 mg (3ml) slow IV/IO if critically ill (near cardiac arrest).

*MCA approval required for MFR auto-injector use.

Follow **General Pre-hospital Care Protocol**

MCA Name
MCA Board Approval Date
MDCH Approval Date
MCA Implementation Date

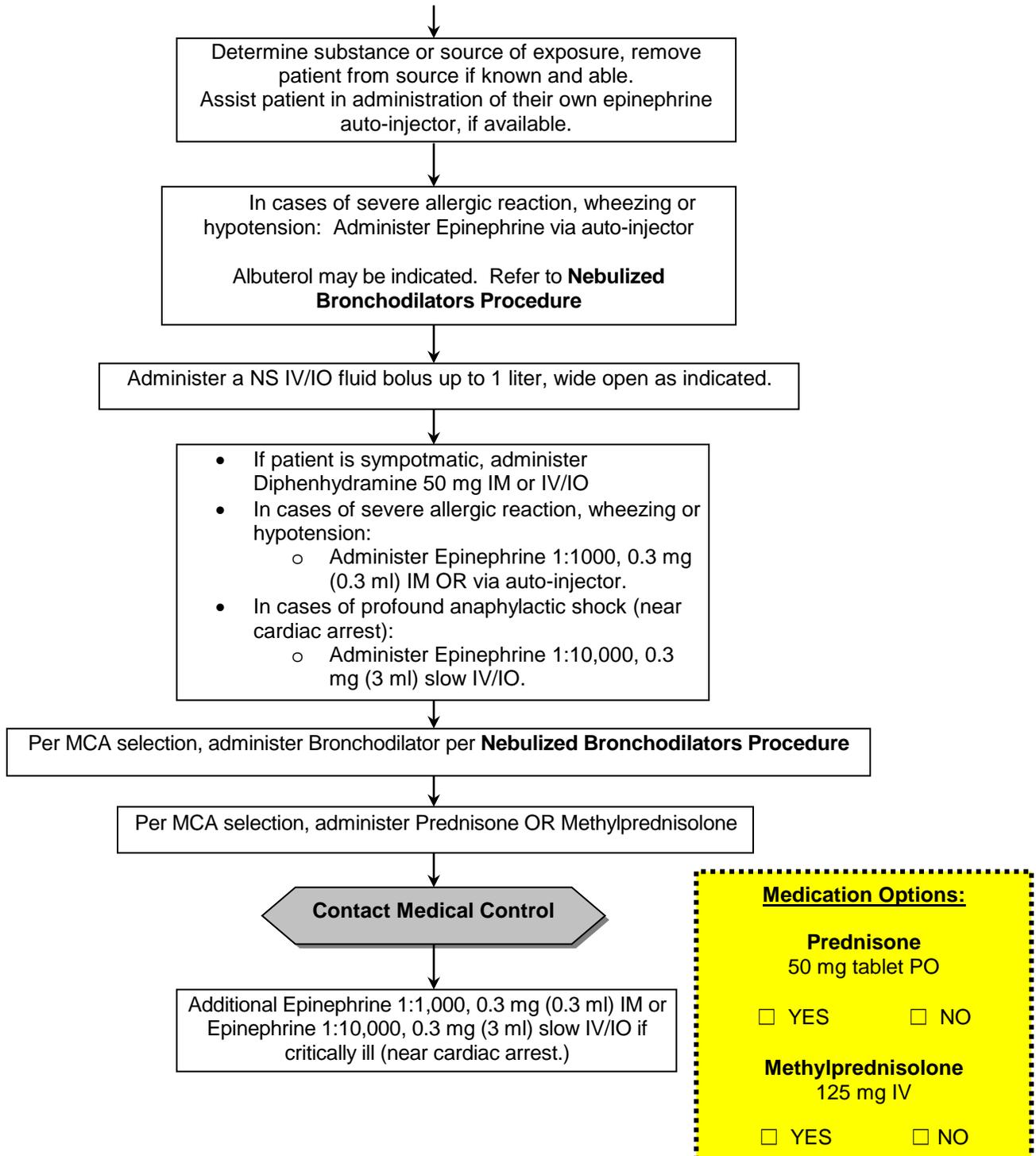


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